

Equality Commission

FOR NORTHERN IRELAND

Race Equality in Health and Social Care



A short guide to good practice
in service provision

This guide can be provided in alternative formats and languages upon request



Contents

Introduction	4
Racial discrimination in the provision of health and social care (HSC) - the law	5
Good practice guidelines	6
Communication needs	6
Dietary needs	7
Religious needs	8
Registration, medical records and appointments	9
Hospital care	9
Maternity and childcare provision	11
Northern Ireland health and social care interpreting service	12
Need more information?	13

Introduction

This short guide has been produced by the Equality Commission for Northern Ireland in partnership with the Northern Ireland Department of Health and Social Services and Public Safety (DHSSPSNI) to help ensure that the services secured by the Department through its Health and Social Care (HSC) responsibility meet the needs of all sections of our community, including people from Black and Minority Ethnic (BME) and Traveller backgrounds, and new migrants.

The detailed **Racial Equality in Health and Social Care - Good Practice Guide** forms the basis for this publication. It can be accessed at <http://www.dhsspsni.gov.uk/index/hss/equality/eq-race-equality.htm> or via the Equality Commission's website www.equalityni.org.

It is primarily intended for use by HSC staff and workers involved in the design and delivery of HSC services and uses examples to illustrate the type of racial equality duties which they are under when providing services. It does not aim to provide definitive guidance on all issues relating to race equality in health and social care.

The guide also sets out a range of good practice guidelines for HSC staff and workers to follow. It does **not**, however, describe the obligations of staff and workers towards their colleagues. The guide is for general guidance only and should not be regarded as a complete or authoritative statement of the law.

For further information please refer to page 12 of this guide for a list of useful resources and contacts.



Racial discrimination in the provision of health and social care - the law

The **Race Relations (NI) Order 1997, as amended**, makes it unlawful on racial grounds to:

- Refuse or deliberately fail to provide services;
- Deliberately provide services of a lower quality, in a worse manner or on worse terms than is normally the case,

'Racial grounds' means because of: race, colour, nationality and / or ethnic or national origins. It includes person belonging to the Irish Traveller community.

Examples of discrimination in the provision of health and social care

1. A receptionist at a health centre tells a Chinese woman that there are no appointments available for at least two weeks. She then proceeds to offer a white woman an appointment for the next day.
2. A community health centre produces written leaflets in English about breast cancer and screening. The leaflets are distributed in an area where English is not the first language of a significant number of residents. Despite being aware that these recipients may be unable to access the information, the health centre manager refuses to provide translations or audio-visual versions of the leaflets.
3. A Polish man, who made a complaint that he had received a poor standard of treatment at a hospital because of his racial background, is ignored by staff on re-admission to the same ward.
4. While visiting her friend in hospital, a female Traveller overhears auxiliary staff talking about her in derogatory terms related to her racial background.

The scenarios above could constitute unlawful acts by those concerned, and could lead to disciplinary and / or legal action.

Good practice guidelines

1. Communication needs

Service users whose first language is not English can be at a major disadvantage in accessing health care. At the same time, language is only one of the potential barriers to effective communication.

The following examples illustrate ways in which some of the barriers to communication might be tackled.

- Having trained interpreters available for those community languages where there is sufficient demand and in particular for important discussions such as taking a medical history, discussing treatment options and obtaining informed consent.
- Ensuring that frontline staff and workers know how to access the Northern Ireland Health and Social Care Interpreting Service (NIHSCIS) details of which are provided on page 12.
- Maintaining a register of hospital staff who speak less frequently spoken languages for use in emergency situations within the hospital in question.
- Using a language point card to help front line staff identify the language a patient speaks.
- Having translated leaflets available on important health topics and on topics of special relevance to people who are unfamiliar with NHS provision.
- Ensuring that frontline staff and workers are aware of information booklet *Health and Social Care in Northern Ireland* which is available in 17 languages and explains how services can be accessed. Details of how to access this booklet from the Health and Social Care (HSC) website are found on page 13 of this document.
- Where any of the above services are provided ensure that all frontline staff and workers know how to access them.



- Displaying posters and leaflets reflecting the diversity of the population so that members of all groups realise that the service is there for them.
- Recording and monitoring the languages used by patients who do not speak English.

2. Dietary needs

Many black and minority ethnic patients are unable to eat food from the standard hospital or day centre menu, either for religious or cultural reasons (for instance Muslims, Hindus and Jews have some food restrictions) or because they are simply unused to a western diet.

Hospitals and other HSC facilities have an obligation to provide appropriate choices of meals for patients. Good practice includes:

- Recording information relating to diet, cultural and religious requirements on patient and nursing records.
- Having menus available in community languages, with details of ingredients if requested.
- Permitting relatives to bring in food from home and providing adequate storage and heating facilities (within appropriate health and safety guidelines and in consultation with hospital staff) for such food.

3. Religious needs

Most hospitals set aside a room for use by Christian patients for prayer or worship, but there may be nowhere for patients of other faiths to pray in private or simply to seek additional comfort and support. Good practice includes:

- Maintaining an accessible list of religious leaders to be contacted on request or as part of the care of terminally ill or dying patients.
- Having written information about access to religious and spiritual support translated into community languages.
- In the event of a death, consulting with the patient's carers regarding their preferences in relation to the preparation of the body and other religious requirements. Privacy and space should be provided for families to spend time together or to perform religious ceremonies.
- Treating religious items, including ritual items of clothing and religious and wedding jewellery with respect, and not removing them without the consent of the patient or their next of kin, or not placing them directly onto the floor, or near to someone's feet or shoes.
- Having an awareness of festivals, celebrations and holy days as these may affect procedures such as discharge.
- Having an awareness of different religious practices and where possible facilitating the performance of those practices. For example Muslims pray five times a day and Buddhists perform daily meditation.
- Having an understanding of body marks that are made for religious reasons or as symbols of marital or social status (such as bindi on women's foreheads).



4. Registration, medical records and appointments

Some black and minority ethnic groups have naming systems which differ from the British naming system on which NHS records are based. Experience shows that patients from these groups are often subject to embarrassment, delays and confusion when attending clinics and surgery appointments and serious mistakes can occur over drugs and treatment. Examples of good practice include:

- Ensuring names are accurately recorded.
- Maintaining awareness of the different naming systems and how to address people correctly and politely.
- Having awareness that children and women may prefer to have a chaperone with them at all times when attending appointments.

5. Hospital care

Admission to hospital can be a stressful experience for anyone, and particularly so for people who have difficulties with language or who may have had negative experiences in the past. Some refugees and asylum seekers may have particular fears about medical examination and treatment if for example they have been subjected to physical or sexual abuse by medical staff in their country of origin. It should be noted that some women from black and minority ethnic communities will face multiple disadvantage and therefore cultural and religious requirements should be considered alongside gender-specific requirements.

In addition to religious and catering requirements, (different cultures have certain food restrictions), it is also possible that black and minority ethnic patients may have preferences in personal hygiene and good practice which might include:

- Providing full-length, long-sleeved gowns with adequate ties; and having full-length dressing gowns available.
- People for whom modesty is a particular issue should, when possible, have access to staff of the same sex.
- Identifying the preferences and needs of dependent patients in relation to modesty, personal hygiene and hair care and meeting same.
- Acknowledging and accommodating people's cultural obligations in relation to visiting, when possible.
- Awareness of cultural taboos against being touched or touching members of the opposite sex or strangers
- Having an awareness of segregation of sexes in some cultures during festival or other periods.

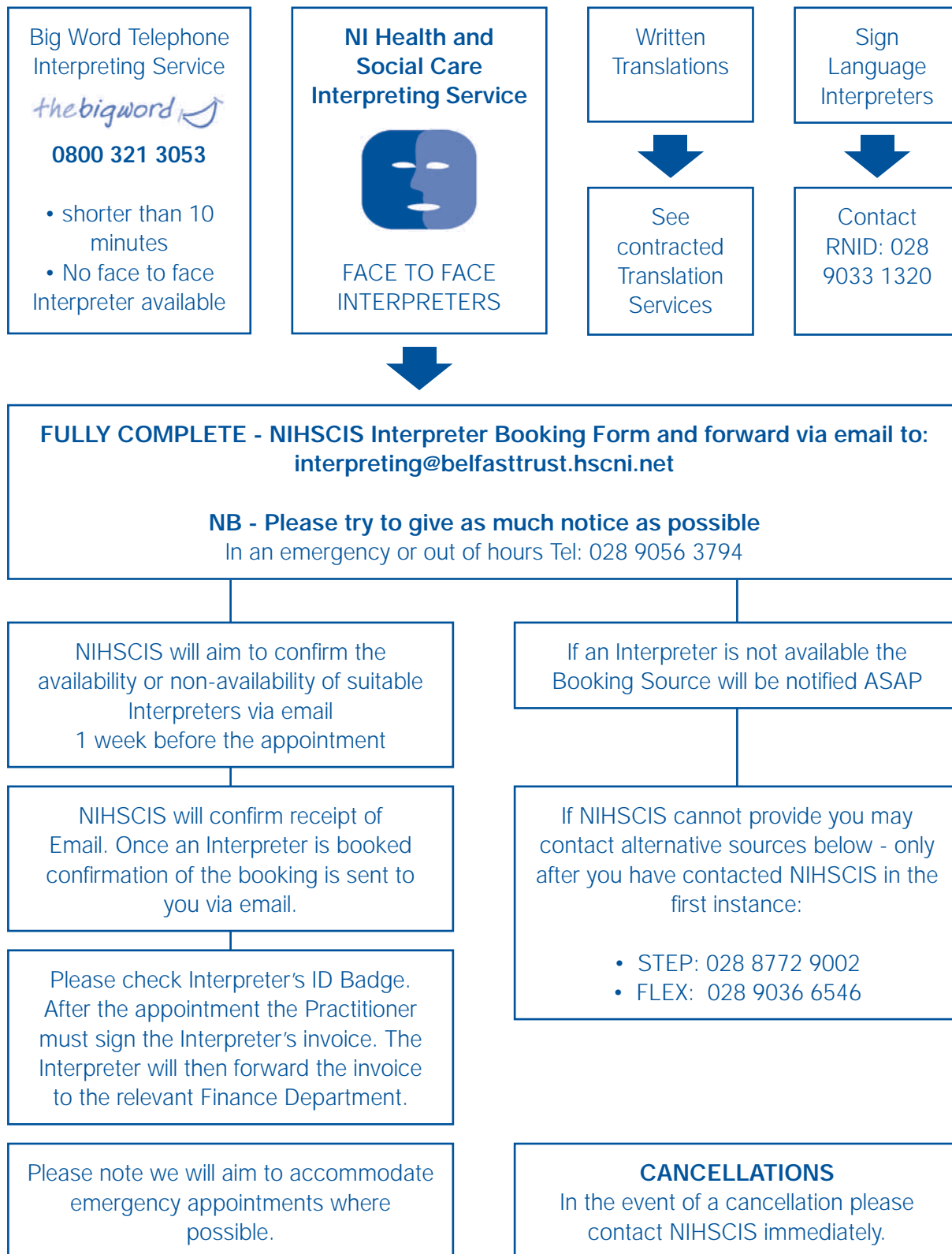


6. Maternity and childcare provision

The time surrounding pregnancy and childbirth is one when women are particularly vulnerable, both emotionally and physically. This may also be the first time that some women have had to come into close contact with large health and social care organisations. In addition, many parents may have approaches, practices and priorities in childrearing which are different from those of the child health practitioner, but which are nonetheless equally valid. Specific examples of good practice include:

- Exercising sensitivity in teaching hospitals, for example, by making it possible for patients to request that only female medical students be allowed to observe an examination.
- Running ante-natal classes with the aid of an interpreter, for women whose first language is not English. This might include a few intensive lessons to teach them the English they will need during their stay in hospital.
- Translating and circulating basic information and instruction sheets.
- Ensuring that health education programmes highlight the importance of both ante and post-natal care.
- Providing support to meet the particular needs of mothers and children from black and minority ethnic groups, e.g. bilingual mother and toddler groups, appropriate child minding provision, play groups and day nurseries and support groups for women of different communities where they can relax and speak their own language.
- Adhering to training in relevant cultural and religious needs for those named ante-natal midwives who are assigned to black and minority ethnic mothers.

NI Health and Social Care Interpreting Service PROCEDURE FOR BOOKING INTERPRETERS



Note - details correct as at January 2011. Check the website below if there are any difficulties.
http://www.belfasttrust.hscni.net/btservices/interpreting_service.html



Need more information?

The Equality Commission produces information and advisory materials covering many aspects of equality in Northern Ireland. Details of how to contact us are contained on the back page of this guide. Further information can be found on the Equality Commission's website www.equalityni.org or by contacting the enquiry line 028 90 890 890.

A list of organisations and bodies that can provide further information and advice may be found on the 'links' section of the Equality Commission's website www.equalityni.org.

The Department of Health, Social Services and Public Safety provides a range of information and publications available on its website www.dhsspsni.gov.uk.

Another useful publication is Health and Social Care in Northern Ireland - the information booklet is available on the Business Services Organisation's (BSO) website under links for 'our Services' then 'equality unit' - <http://www.hscbusiness.hscni.net/>

Information can also be obtained from:

Northern Ireland Health and Social Care Interpreting Service (NIHSCIS)
1st Floor Graham House
Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8BH
Telephone 028 9056 3794

The NIHSCIS is the first provider for the supply of Face-to-Face Interpreting Services. However, in any instance where the NIHSCIS would be unable to supply services from its central register, there are arrangements in place issued by the BSO to cover provision.

Please see further details on Interpreting and Translation Services - BSO Contract at:

<http://www.workingwithdiversity.org/div/racialgroup/staffguidelinesforworkingwithinterpreters.php>



The Equality Commission for Northern Ireland can give advice and information on a range of equality issues.

For further information, please contact us at:

Telephone: 028 90 890 890 (enquiry line)

Textphone: 028 90 500 589

Fax: 028 90 248 687

Email: information@equalityni.org

Website: www.equalityni.org

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Equality House
7-9 Shaftesbury Square
Belfast
BT2 7DP

The Department of Health, Social Services and Public Safety (dhsspsni) can be contacted at:

The Department of Health, Social Services and Public Safety
DHSSPS Equality Unit
Room 6, Annexe 1
Castle Buildings
Stormont Estate
Belfast
BT4 3SJ

Telephone 028 9052 0539

Website: www.dhsspsni.gov.uk